



Fig. 2

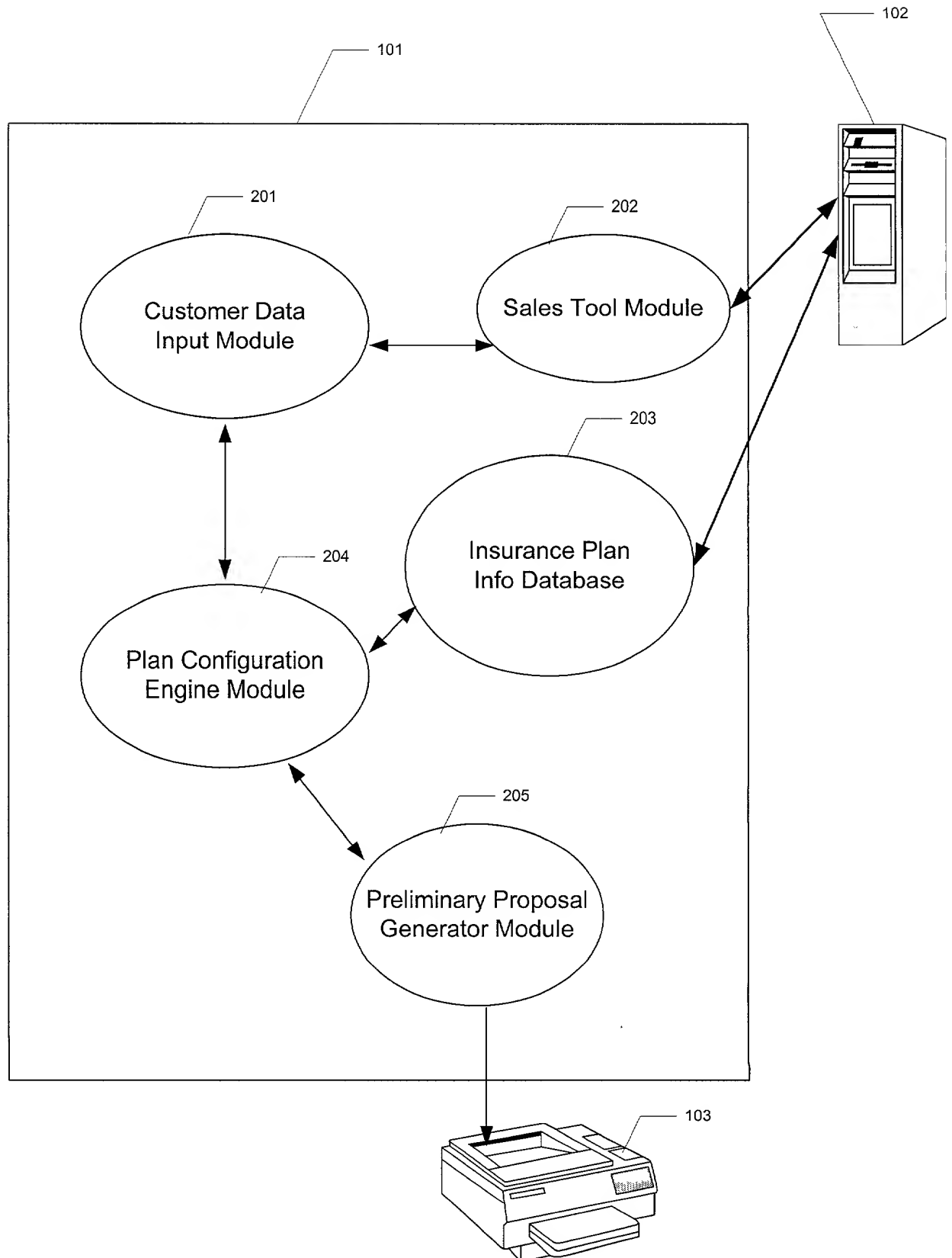


FIG. 3

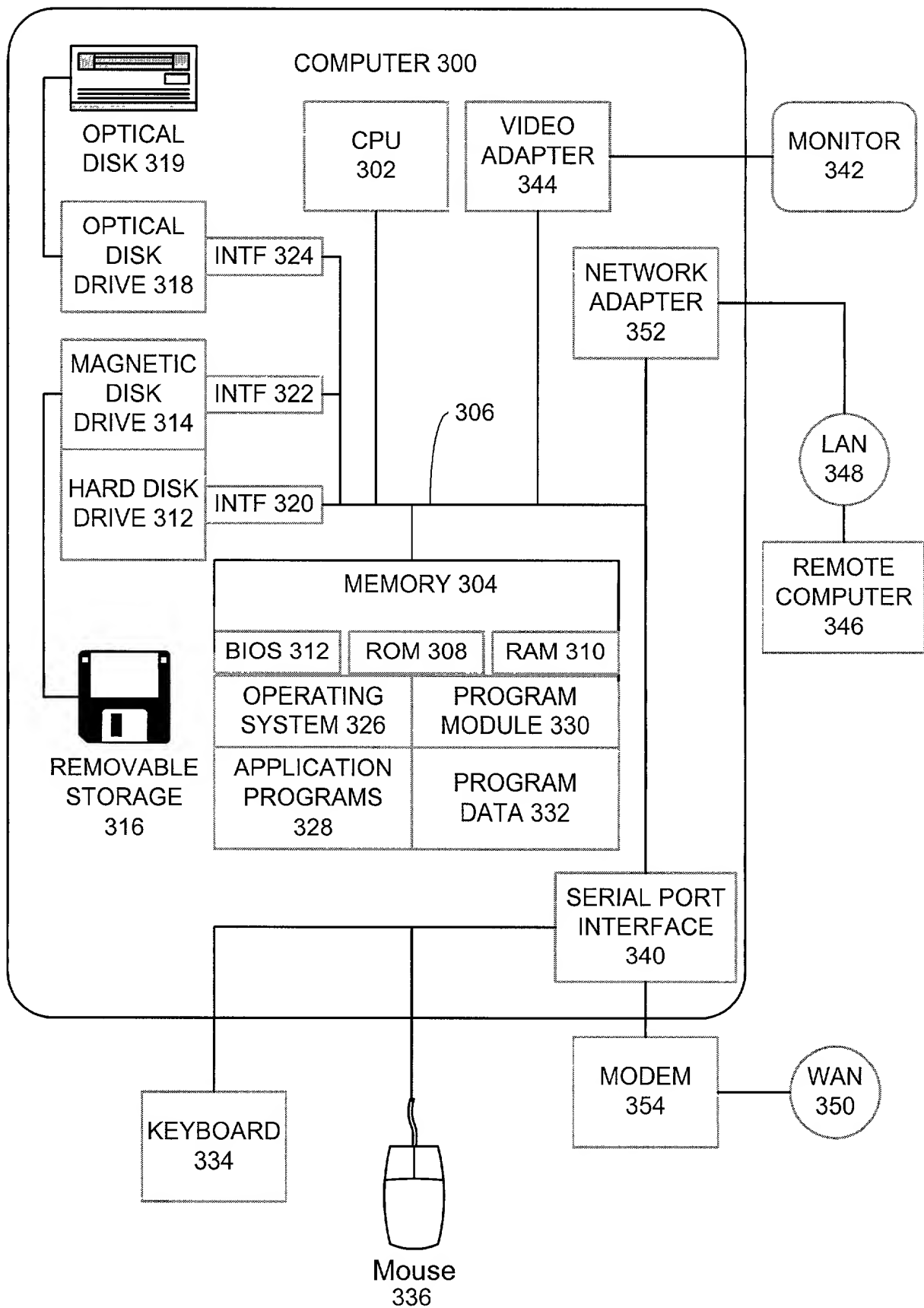


Fig. 4

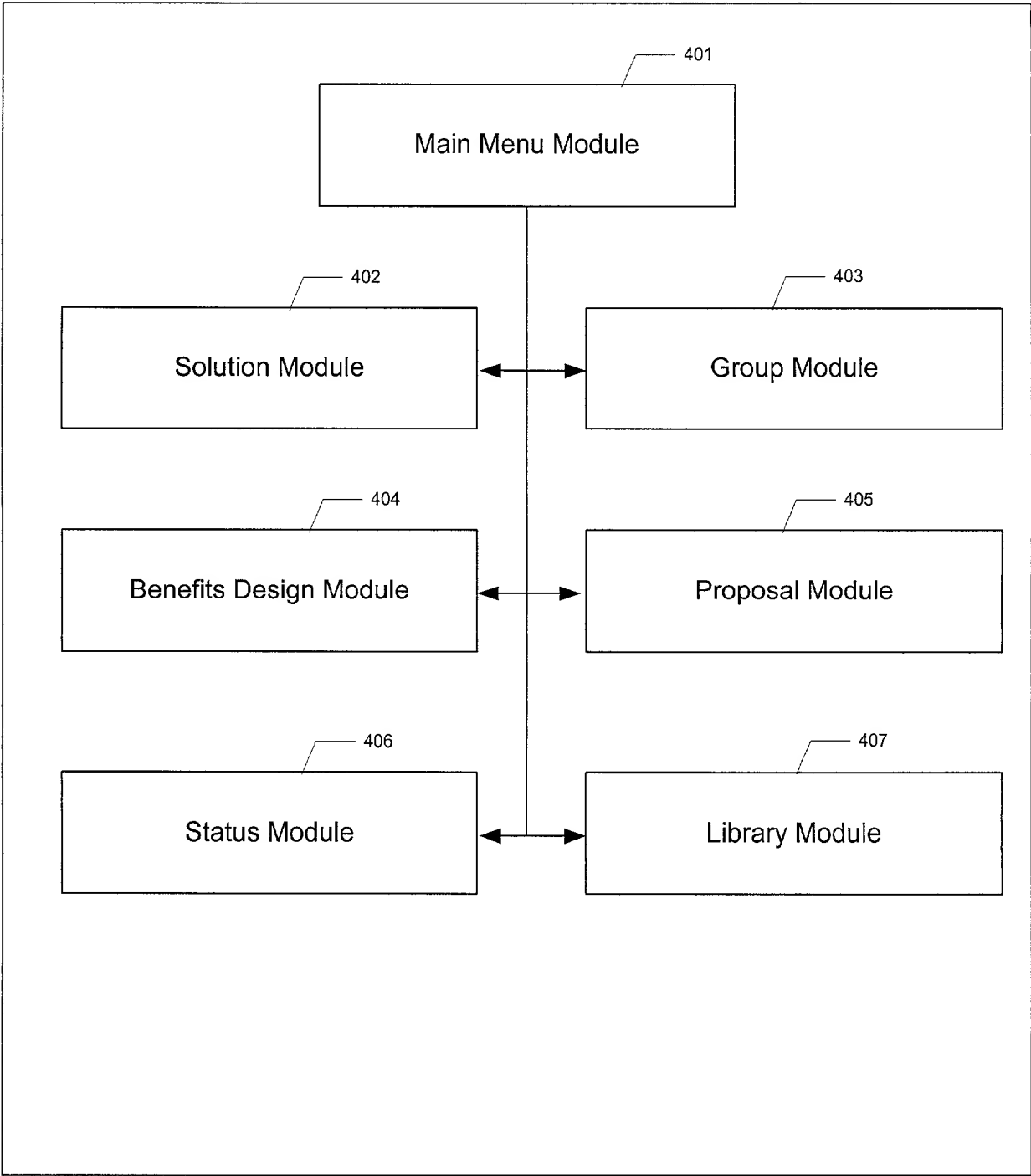


Fig. 5

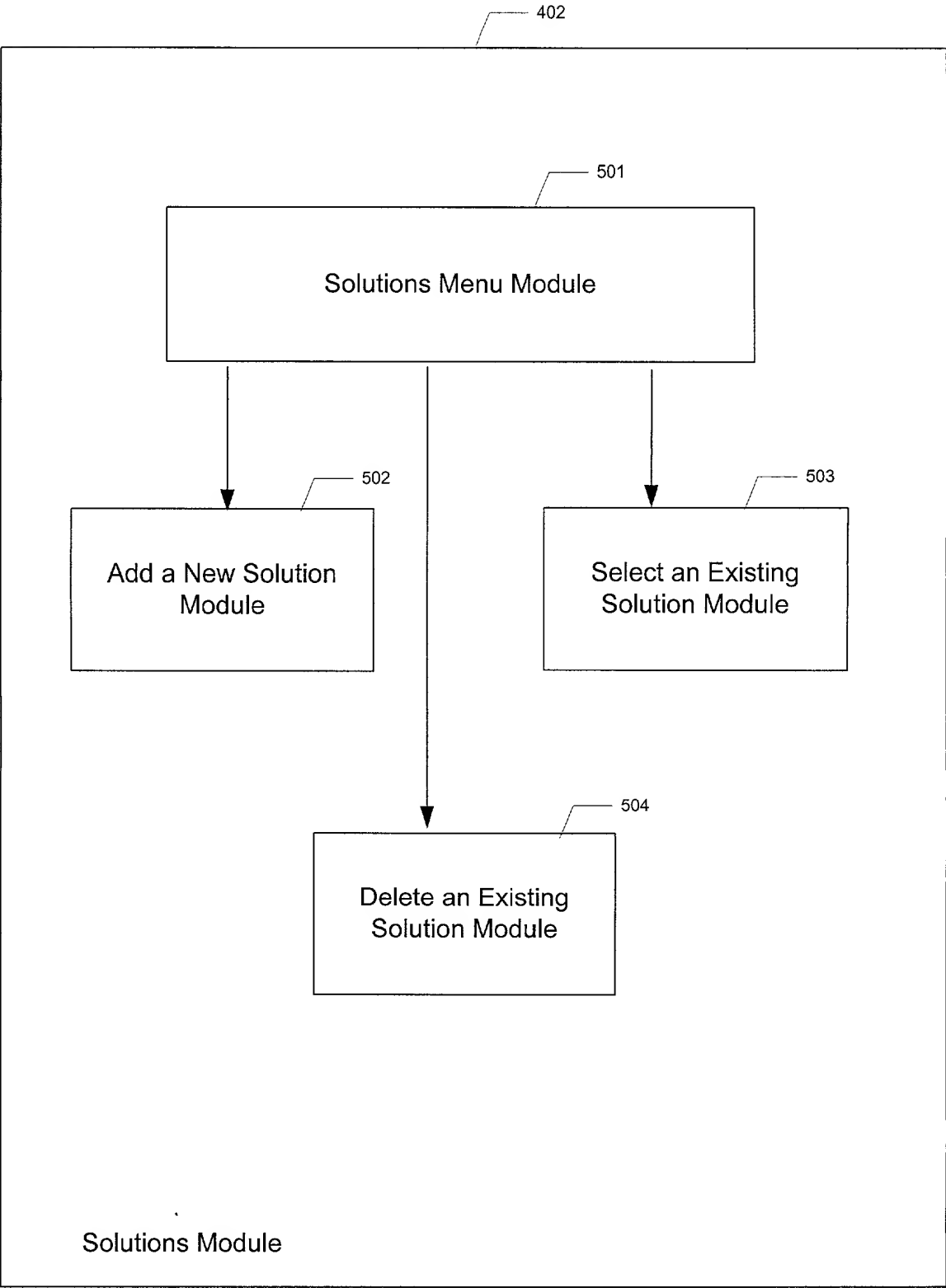


Fig. 6

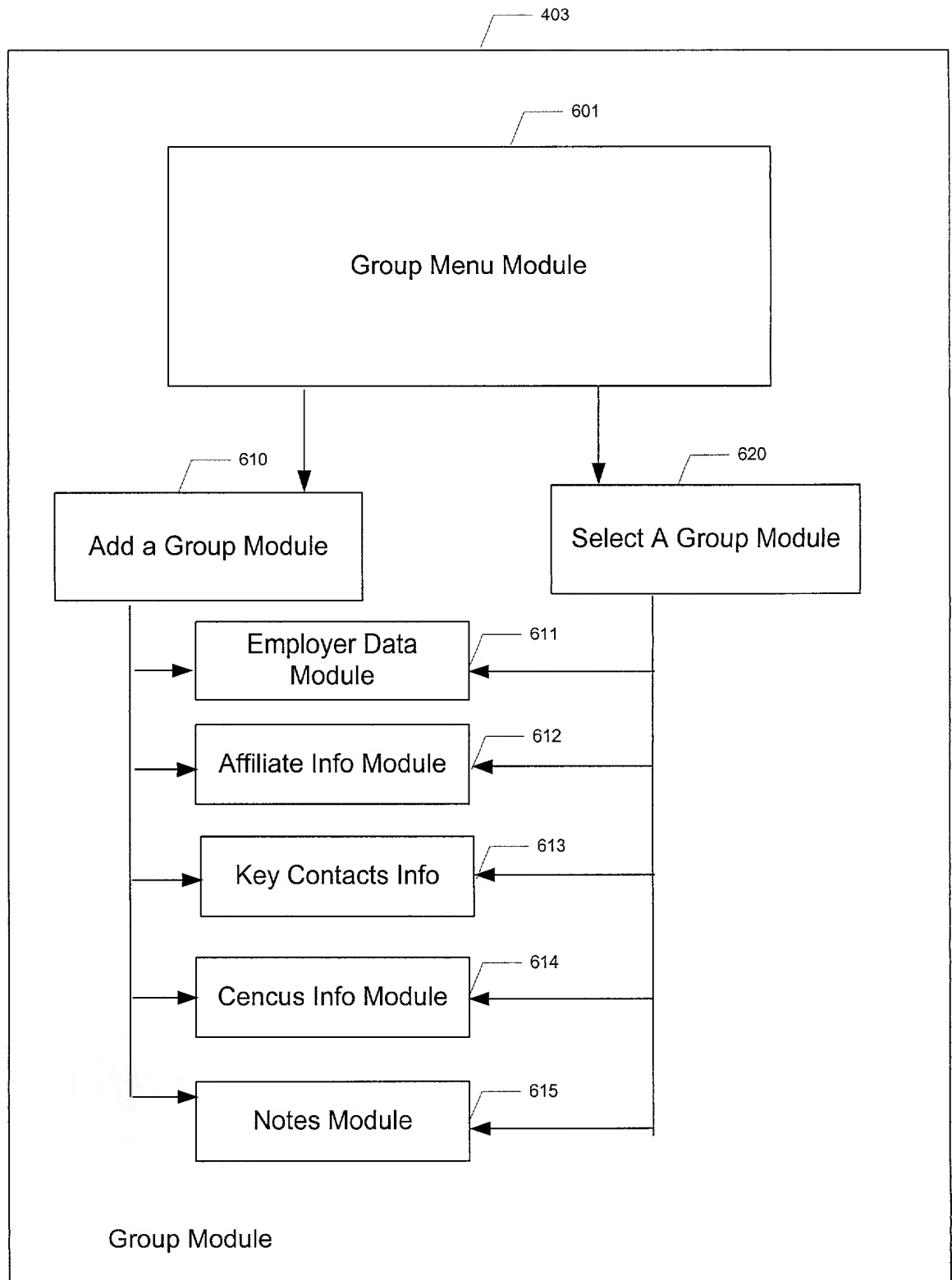


Fig. 7

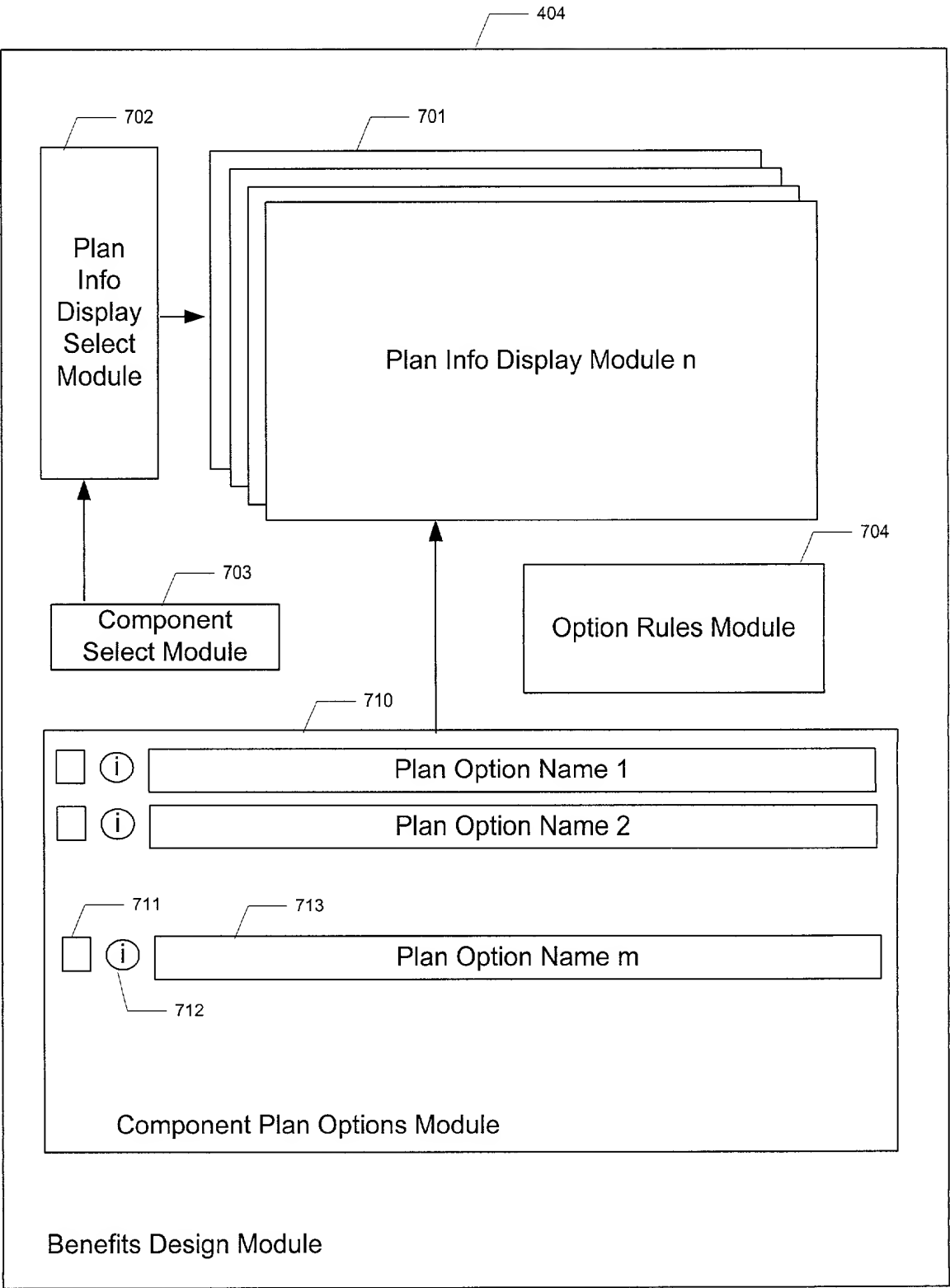


Fig. 8

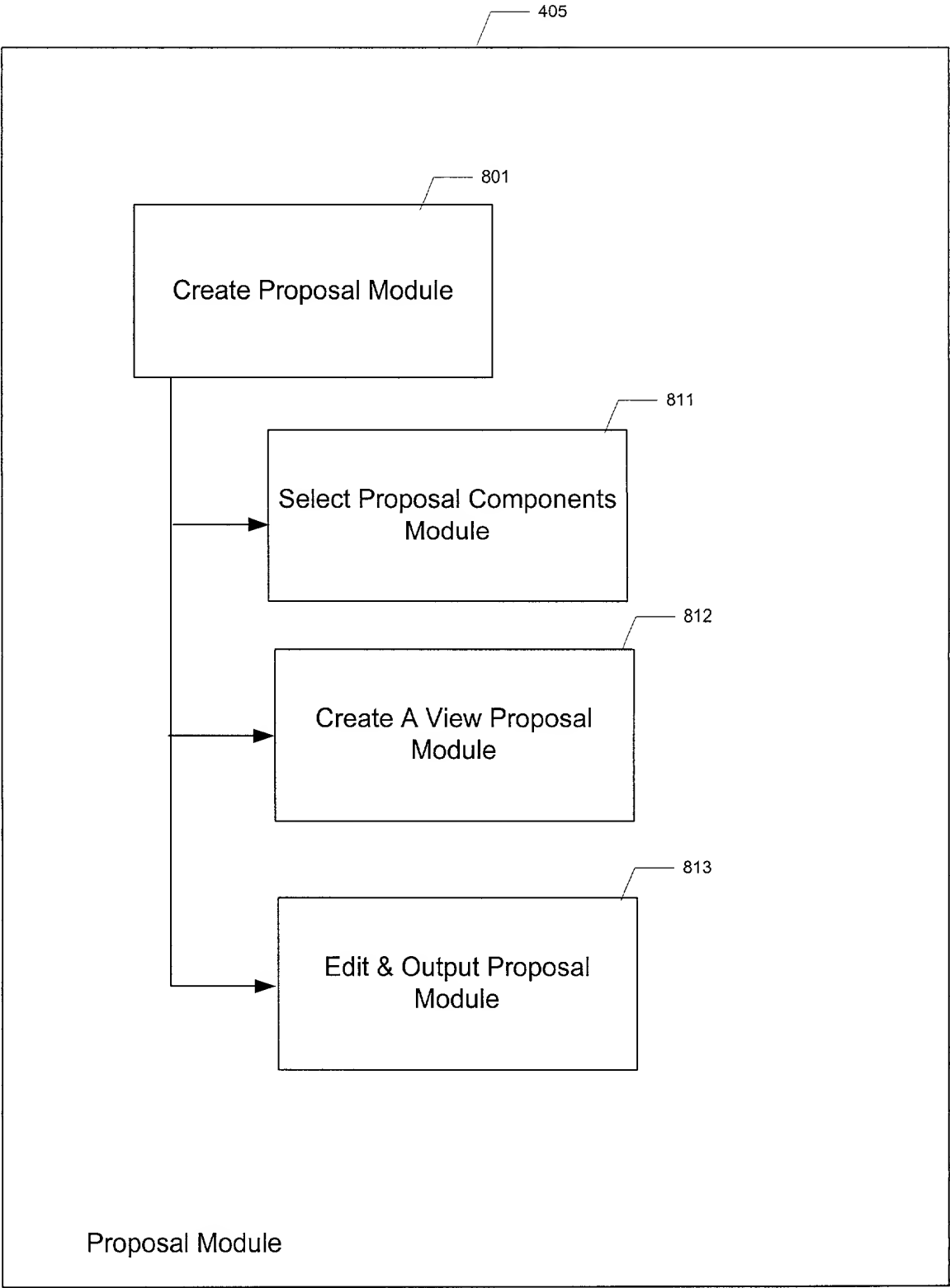




Fig. 9

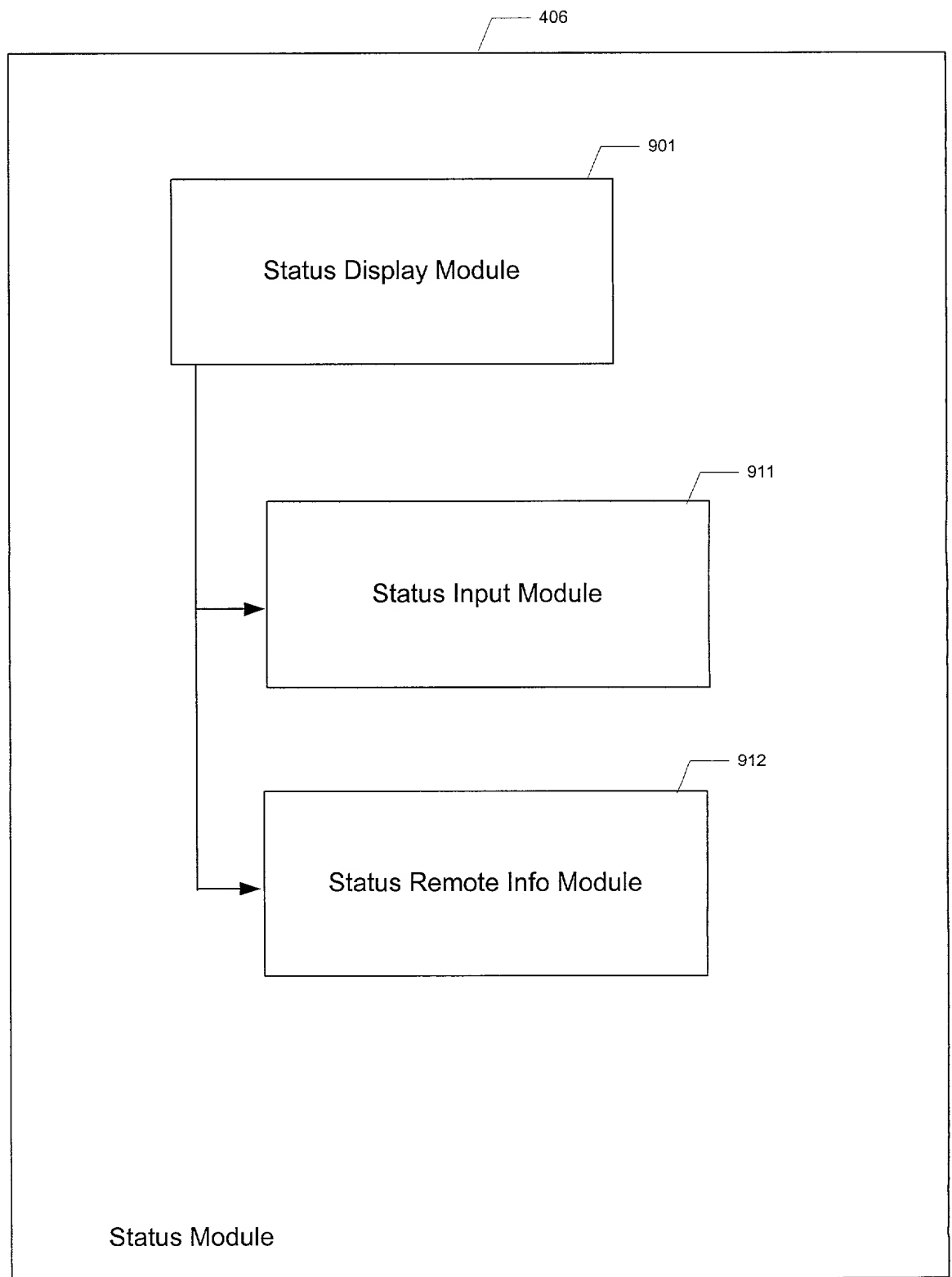


Fig. 10

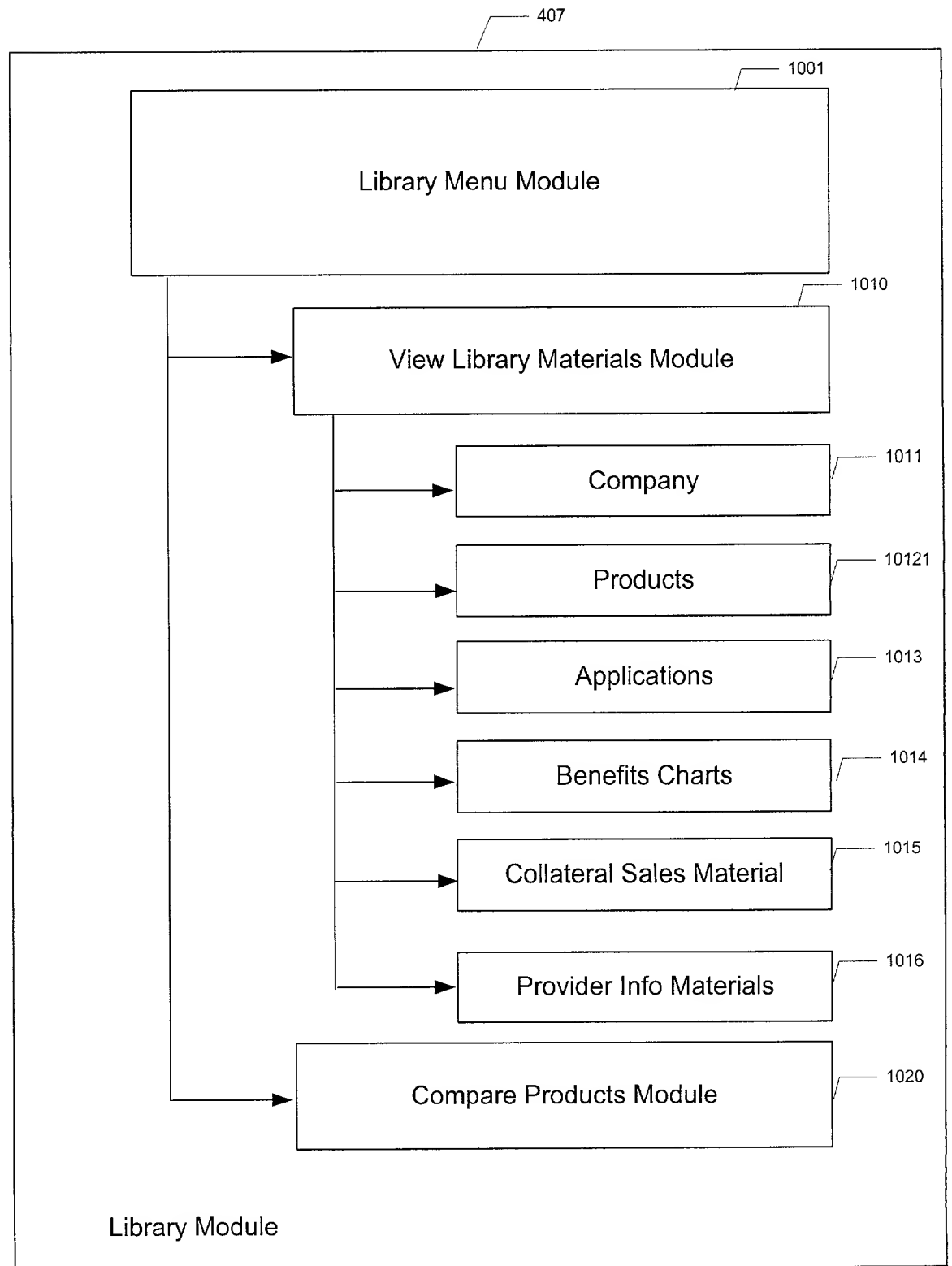


Fig. 11a

***Preliminary proposal for:***

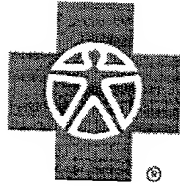
*Merchant & Gould P.C.*

*3100 Norwest Center, 90 South Seventh Street*

*Minneapolis, MN 55402-4131*

*Phone: (612)332-3200 Fax: (612)332-9081*

***December 18, 2000***



**BlueCross BlueShield  
BluePlus  
of Minnesota**

*Independent licensees of the Blue Cross and Blue Shield Association*



**DELTA DENTAL®**

Delta Dental Plan of Minnesota

**MIL LIFE**  
INCORPORATED

***Prepared by:***

*Joseph A. Salesman*

*(612) 555-1213*

December 18, 2000

Richard Gregson  
Merchant & Gould P.C.  
3100 Norwest Center, 90 South Seventh Street  
Minneapolis, MN 55402-4131

Dear Gregson:

We are pleased to have the opportunity to complete an analysis for the needs of Merchant & Gould P.C. As we have recently discussed, Blue Cross Blue Shield of Minnesota can provide the best benefit coverage for Merchant & Gould P.C.

If you have any questions or require additional information, please contact me at (612)555-1213. Thank you for the consideration of this proposal.

Sincerely,

Joseph A. Salesman  
BC BS of MN

Prepared for: **Merchant & Gould P.C.**

Phone: (612)332-3200

Fax: (612)332-9081

## Aware Gold

Health Plan Number: 1

## Preliminary Quote

Rates and benefits based on an effective date of January 1, 2000

Health Plan Highlights: Featuring BlueChoice Network			
<b>Office Visits</b>	100%	<b>Prescription Drugs</b>	100% after \$4.50 copay for formulary drugs; \$10 copay for nonformulary drugs
<b>Preventive Services</b>	100%	<b>Deductible</b>	\$300 deductible per person (for services from extended and out-of-network providers)
<b>Hospital</b>		<b>Out-of-Pocket</b>	
Facility Services	100%	<b>Maximum</b>	\$2,500 per person
Professional Services	100%		
<b>Emergency Room</b>		<b>Individual Lifetime</b>	
Facility Services	100% after \$40 copay	<b>Maximum</b>	\$2 Million per person
Physicians Services	100%		
Life Plan Highlights: Underwritten by MII Life		Short-Term Disability Highlights: Underwritten by MII Life	
<b>Benefit</b>	MII Life - 1X Salary - To Maximum Amount with Optional Dependent	<b>Benefit</b>	MII Life - Short-Term Disability - 60% of Earnings Option - 26 Weeks
		<b>Waiting Period</b>	1 day accident / 8 days illness
Dental Plan Highlights: MnCare Preventive Dental			
<b>Diagnostic/Preventive</b>	100%	<b>Annual Deductible</b>	None
		<b>Annual Maximum</b>	None

Monthly Charges		Table 1 - Low		Table 12 - High	
Coverage Type		Employee Only	Employee + Dependents	Employee Only	Employee + Dependents
Health		\$0.00	\$0.00	\$0.00	\$0.00
Life		\$0.00	\$0.00	\$0.00	\$0.00
Short Term Disability		\$0.00	\$0.00	\$0.00	\$0.00
Dental		\$0.00	\$0.00	\$0.00	\$0.00
<b>Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

- Average monthly health rates are subject to change and are based upon the census data of the employee/dependents actually enrolled in the plan.
- Also, based upon the current census for this proposal and after medical underwriting review, the average monthly health rates will be no higher than the high table rates shown above as defined by state statute.
- The MII Life & STD rates are based on the plan specifications and census data furnished to us. Final premium rates will be determined on the basis of the actual composition of the group, schedule of insurance, employer contribution and approval of any additional data requested.
- The Dental rates included in this proposal are based on 100% participation and no prior group dental coverage. Dependent upon the benefit selected, the final rates may change if your group has lower participation and/or prior group dental coverage. To qualify for the rates with prior coverage, 90% of the group must be enrolled in your existing dental plan. A copy of your most recent dental billing must be attached.

**DO NOT CANCEL YOUR CURRENT PLAN UNTIL FORMAL NOTICE OF ACCEPTANCE IS GIVEN.**

*The above is only a summary of benefits highlights. All benefits are subject to the terms of the contract and certificate.*

Prepared for: **Merchant & Gould P.C.**

Phone: (612)332-3200

Fax: (612)332-9081

## Aware Gold

Health Plan Number: 1

## Preliminary Quote

Rates and benefits based on an effective date of January 1, 2000

Monthly Group Detail: Table 1 - Low											
County: HENNEPIN						Area: 1			Health Plan Number: 1		
Employee Information						Health	Life*		STD*	Dental	Sub-Totals
First Name Last Name	Sex	Age	Sps Age	# of Deps	Medi- care	Emp Only Emp + Deps	Dep Life	Rate Coverage	Rate Coverage	Rate Coverage	Emp Only Emp + Deps
Richard Gregson	M	38	38	2	Empl oyee	\$0.00 \$0.00	N	\$0.00 \$90,000	\$0.00 \$500	\$0.00 Family	\$0.00 \$0.00
Carol Cummins	F	48	0	0	Empl oyee	\$0.00 \$0.00	N	\$0.00 \$60,000	\$0.00 \$500	\$0.00 Single	\$0.00 \$0.00
Jeff Sjoberck	M	40	39	4	Empl oyee	\$0.00 \$0.00	Y	\$0.00 \$85,000	\$0.00 \$500	\$0.00 Family	\$0.00 \$0.00
April Lagro	F	35	38	0	Both	\$0.00 \$0.00	N	\$0.00 \$40,000	\$0.00 \$500	\$0.00 Family	\$0.00 \$0.00
Michele Read	F	36	0	0	Empl oyee	\$0.00 \$0.00	N	\$0.00 \$45,000	\$0.00 \$500	\$0.00 Single	\$0.00 \$0.00
John Sumner	M	58	57	0	Empl oyee	\$0.00 \$0.00	N	\$0.00 \$100,000	\$0.00 \$500	\$0.00 Family	\$0.00 \$0.00
April Hershman	F	34	0	0	Empl oyee	\$0.00 \$0.00	N	\$0.00 \$30,000	\$0.00 \$385	\$0.00 Single	\$0.00 \$0.00
Monthly Totals						Health	Life		STD	Dental	Total
Employee Only						\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
Employee + Dependents						\$0.00	\$0.00		\$0.00	\$0.00	\$0.00

Table 1 - Low	Employee Only	Single	Family
Average Monthly Health Rates	\$0.00	\$0.00	\$0.00

\*Satisfactory evidence of insurability will be needed for Life Insurance and Short-Term Disability amounts in excess of these limits:

Group Size	Basic Term Life and AD&D Amount	Short-Term Disability Weekly Benefit
2-9	\$15,000 <sup>1</sup>	\$100
10-24	\$30,000	\$250
25-50	\$50,000	\$350

<sup>1</sup>Prior to acceptance into the program, prospect applications for groups of 2-9 employees will be assessed by underwriting to determine whether they qualify for participation in the program. Prospect groups will be accepted or rejected depending on the results of the initial underwriting assessment. Groups admitted into the program will be permitted to offer coverage on a guaranteed issue basis as stipulated above.

Prepared for: **Merchant & Gould P.C.**

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**Aware Gold**

Health Plan Number: 1

**Preliminary Quote**

Rates and benefits based on an effective date of January 1, 2000

Monthly Group Detail: Table 12 - High											
County: HENNEPIN						Area: 1		Health Plan Number: 1			
Employee Information						Health		Life*		STD*	Dental
First Name Last Name	Sex	Age	Sps Age	# of Deps	Medi- care	Emp Only Emp + Deps	Dep Life	Rate Coverage	Rate Coverage	Rate Coverage	Sub-Totals Emp Only Emp + Deps
Richard Gregson	M	38	38	2	Empl oyee	\$0.00 \$0.00	N	\$0.00 \$90,000	\$0.00 \$500	\$0.00 Family	\$0.00 \$0.00
Carol Cummins	F	48	0	0	Empl oyee	\$0.00 \$0.00	N	\$0.00 \$60,000	\$0.00 \$500	\$0.00 Single	\$0.00 \$0.00
Jeff Sjoberck	M	40	39	4	Empl oyee	\$0.00 \$0.00	Y	\$0.00 \$85,000	\$0.00 \$500	\$0.00 Family	\$0.00 \$0.00
April Lagro	F	35	38	0	Both	\$0.00 \$0.00	N	\$0.00 \$40,000	\$0.00 \$500	\$0.00 Family	\$0.00 \$0.00
Michele Read	F	36	0	0	Empl oyee	\$0.00 \$0.00	N	\$0.00 \$45,000	\$0.00 \$500	\$0.00 Single	\$0.00 \$0.00
John Sumner	M	58	57	0	Empl oyee	\$0.00 \$0.00	N	\$0.00 \$100,000	\$0.00 \$500	\$0.00 Family	\$0.00 \$0.00
April Hershman	F	34	0	0	Empl oyee	\$0.00 \$0.00	N	\$0.00 \$30,000	\$0.00 \$385	\$0.00 Single	\$0.00 \$0.00
Monthly Totals						Health		Life	STD	Dental	Total
Employee Only						\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
Employee + Dependents						\$0.00		\$0.00	\$0.00	\$0.00	\$0.00

Table 12 - High	Employee Only	Single	Family
Average Monthly Health Rates	\$0.00	\$0.00	\$0.00

\*Satisfactory evidence of insurability will be needed for Life Insurance and Short-Term Disability amounts in excess of these limits:

Group Size	Basic Term Life and AD&D Amount	Short-Term Disability Weekly Benefit
2-9	\$15,000 <sup>1</sup>	\$100
10-24	\$30,000	\$250
25-50	\$50,000	\$350

<sup>1</sup>Prior to acceptance into the program, prospect applications for groups of 2-9 employees will be assessed by underwriting to determine whether they qualify for participation in the program. Prospect groups will be accepted or rejected depending on the results of the initial underwriting assessment. Groups admitted into the program will be permitted to offer coverage on a guaranteed issue basis as stipulated above.



**Aware Gold**

**Health Plan Number: 1**

**Plan Highlights**

*Rates and benefits based on an effective date of January 1, 2000*

Plan Highlights	BlueChoice network	Extended/Out-of-network providers
<b>Office Visits</b>		
Sickness or injury	100%	80% after deductible
Mental health and chemical dependency services	100%	80% after deductible; no benefits for services from non-Blue Cross providers
<b>Preventive services</b>		
Well-child services and immunizations	100%	80% after deductible
Prenatal care	100%	80% after deductible
Routine physicals, eye exams and cancer screenings	100%	80% after deductible
<b>Lab and X-ray services</b>	100%	80% after deductible
<b>In- and outpatient hospital services (includes mental health and chemical dependency services)</b>		
Facility services	100%	80% after deductible; no benefits for services from non-Blue Cross mental health/chemical dependency providers
Professional services	100%	80% after deductible; no benefits for services from non-Blue Cross mental health/chemical dependency providers
<b>Emergency Room</b>		
Facility services	100% after \$40 copay	100% after \$40 copay
Physician services	100%	80%; 80% after deductible for services from non-Blue Cross providers
<b>Ambulance services</b>	80%	80%
<b>Medical supplies</b>	80%	80%
<b>Therapy services</b>		
Chiropractic, occupational and physical therapy	100%	80% after deductible; no benefits for services from non-Blue Cross providers
Speech therapy	100%	80% after deductible
<b>Prescription drugs</b>		
34-day supply; 3-cycle supply for oral contraceptives	100% after \$4.50 copay for formulary drugs; \$10 copay for nonformulary drugs	100% after \$4.50 copay for formulary drugs; \$10 copay for nonformulary drugs. Employees pay the pharmacy and file a claim
Mail-order option (3-month supply)	Two copays are required for a 3-month supply	Two copays are required for a 3-month supply. Employees pay the pharmacy and file a claim



Prepared for: **Merchant & Gould P.C.**

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## How the Plan Works

Rates and benefits based on an effective date of January 1, 2000

### Aware Gold

#### BlueChoice® network

No referral is needed to see a specialist. Network providers arrange for advance approval of services when necessary.

Employees pay no costs above the allowed amount.

No claims paperwork!

#### Extended/Out-of-network providers

Employees visit any health care provider they choose. No referral is needed to see a specialist. Employees must get approval before receiving some services.

Employees pay any difference between the allowed amount and the billed charge for services from non-Blue Cross providers.

Employees must file their own claims for services from non-Blue Cross providers.

### Employee Cost Sharing

Most services are covered at 100 percent. An annual deductible applies only to certain services from out-of-network providers.

#### Calendar-year deductible

\$300 deductible per person *(for services from extended and out-of-network providers)*

#### Calendar-year out-of-pocket maximum

\$2,500 per person

Once the out-of-pocket maximum is reached, the plan pays 100 percent of covered services to the end of the calendar year, up to the lifetime maximum. There is a separate out-of-pocket maximum of \$150 per person for prescription drugs.

#### Lifetime maximum

\$2 million per person

### Important Plan Facts

This is only an outline of plan benefits. The contract includes complete details about other covered services. Plus, it includes a list of services that are not covered, such as eyeglasses, hearing aids, and services that are cosmetic, experimental, not medically necessary, or covered by workers' compensation or no-fault auto insurance.

Conditions your employees and their dependents had before they were covered by this plan may not be covered for a limited period of time. This limit is reduced by prior continuous coverage and does not apply to pregnancy, newborns or adopted children.

### Network Providers Means Savings

Network providers are paid based on allowed amounts: the amount they've agreed to accept from the plan for their services.

**For example**, if the provider's billed charge is \$100, the plan's allowed amount might be \$80. Inside the network, your employees' coinsurance is 0; outside the network, 20%.

This means: **Inside the network**, the employee pays nothing for most services. **Outside the network**, the employee pays the \$20 difference between the actual bill and the plan's allowed amount, *plus* the 20% of \$80, for a total of \$36. (This example assumes the deductible has been met.)



BlueCross BlueShield  
BluePlus  
of Minnesota

Fig. 11h

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## Plan Comparison

Rates and benefits based on an effective date of January 1, 2000

003727 3446260